



## Bright Futures Community Service or Paid Work Log and Reflection Form

**Forms must be completed in entirety. Students must complete separate forms for each location and type of service (community service or paid work)**

Student Name: \_\_\_\_\_

HPA ID: \_\_\_\_\_

Student Grade Level: \_\_\_\_\_

Date: \_\_\_\_\_

Students must complete the required number of community service, paid work hours, or the combination of 100 total hours. Service hours/paid work hours must be completed with an agency, company, organization, or business.

These hours are (circle one):    COMMUNITY SERVICE HOURS

PAID WORK HOURS

This section is to be filled in each time service/work is completed. Student's community service or paid work must be reported in no less than 30 minute increments. It is the student's responsibility to maintain the verification of community service or paid work hours.

Date of Activity	Hours Logged	Activity completed/Task Performed

(Add additional logs if necessary)

Total number of community service/paid work hours with this organization: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

I attest that the above named student has performed the above hours of service/work for a total of \_\_\_\_\_ hours.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Bright Futures Community Service or Paid Work Log and Reflection Form**

Please describe below what you learned from your service/work experience.

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By signing below, I understand that this is not the application for Bright Futures Scholarships, and that students must complete the Initial Student Florida Financial Aid Application (FFAA) during their last year of high school.

I understand that service/work hours must be submitted to my school counselor before high school graduation.

I also understand that service/work hours are only one of the requirements for Bright Futures. To find out how to qualify for a Bright Futures Scholarship, I will go to <https://www.floridastudentfinancialaidsg.org/SAPBFMAIN/SAPBFMAIN> to review the requirements.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Once hours are completed, please submit this form (both pages) to your HPA school counselor.**